

2006–2007 DEPARTMENT OF SOCIAL SERVICES

WILLIAM E. WARREN SCHOLARSHIP APPLICATION

“Walk apart, to hear the music of your heart.”

- William E. Warren
-

The William E. Warren Scholarship Fund has been established to fund scholarships for youth who are or have been in care of the Massachusetts Department of Social Services (DSS) and who are pursuing education at accredited institutions of higher learning.

Eligibility and Qualification

- Applicants must be in DSS care or custody or have been in the past. Applicants must be under age 25.
- Applicants must be enrolled in a post-secondary Title IV eligible program. (Students should contact specific schools to verify Title IV eligibility)
- Applicants must demonstrate academic potential and commitment to follow through with their educational plans and goals.
- Applicants must demonstrate the ability to overcome challenges and obstacles.

Application Process

- Interested youth must submit completed applications and required documentation to the Department of Social Services, William E. Warren Scholarship Program, 24 Farnsworth Street, Boston, MA 02210. All applications must be postmarked by July 14, 2006. Please see the Application Checklist on page 7 for a list of required documentation.

Award

Awards range in amounts from \$150 to \$5,000 based on financial need and academic merit.

Review and Selection Procedures

Applications will be reviewed and recipients selected by the William E. Warren Scholarship Committee. Scholarship recipients must show proof of enrollment in an accredited school, college or university prior to receipt of the scholarship. Preference will be given to students who take advantage of all Federal and State Financial Aid including loans and work-study. All youth will receive a response letter informing them of the status of their application by September 2006.

DEPARTMENT OF SOCIAL SERVICES
WILLIAM E. WARREN SCHOLARSHIP
APPLICATION

“Walk apart, to hear the music of your heart.”
- William E. Warren

I. PERSONAL DATA

Name: _____ D.O.B.: _____

Address: _____

Telephone # (Day): _____ (Evening): _____

Social Security #: _____ Race/Ethnicity: _____

Are you currently in care of the Department of Social Services? Yes No

If not, when were you discharged from care/custody? _____

Current/Former Area Office: _____

Current/Former Social Worker: _____

Briefly describe your current living situation and where you will be living when you attend school:

II. EDUCATIONAL INFORMATION

School/College currently attending: _____

School/College you will be enrolled in as of September 2006: _____

Address of this school/college: _____

Telephone Number of Financial Aid Office: _____

Tuition and Fees per Academic Year (tuition bill MUST be attached): _____

Room and Board Expenses per Academic Year (if not included in tuition bill): _____

Planned Dates of Attendance this academic year:

Month/Year_____ **to** **Month/Year**_____

Course of Study: _____

Planned Date of Completion: Month/Year_____

Please list all sources of income, including DSS Vendor payments, SSI, grants, scholarships and other financial assistance you are receiving that do NOT appear on your financial aid award statement.

Do you qualify for the Massachusetts Adoptive/Foster Youth Tuition Waiver Program?

Yes ☐

No ☐

Don't Know ☐

Do you qualify for the Massachusetts Foster Child Grant Program?

Yes ☐

No ☐

Don't Know ☐

Do you qualify for the Massachusetts DSS Education and Training Voucher Program?

Yes ☐

No ☐

Don't Know ☐

**Eligibility criteria for these programs can be found online at www.mass.gov-
keyword: DSS in the Section titled "Adolescent Services".**

Was your FAFSA submitted by May 1, 2006? Yes ☐ No ☐

If Yes, Financial Aid award statement MUST be attached.

If No, when was FAFSA submitted?_____

Be advised students who cannot produce Financial Aid Award letters by the application deadline will not be given priority status. Applicants who submit completed applications but cannot produce an award letter will be considered at the discretion of the review panel based on the availability of funds.

III. AUTOBIOGRAPHICAL DATA

Please describe three strengths that you possess and how these strengths relate to your ability to be successful in your chosen academic/vocational training program. This essay should be 1-2 typed pages and double-spaced. The essay may be attached on a separate sheet of paper.

Is there unmet need or a cash balance on your financial aid award statement?

Yes

No

**If “Yes,” please explain the amount of unmet need and your proposed payment plan.
If “No,” please explain your need for this Scholarship.**

Briefly describe all extracurricular activities in which you have participated and all jobs and/or volunteer positions you have held.

IV. APPLICATION CHECK LIST

Is your application complete? Did you include:

- Two letters of recommendation? ☐
- Copy of most recent high school or college transcript? ☐
- Proof of enrollment? ☐
- Financial aid award statement? ☐
- Essay ☐

POST MARK DEADLINE FOR ALL APPLICATIONS IS JULY 15, 2006.

(Signature)

(Date)

Return application to The William E. Warren Scholarship Program at DSS Central Office, 24 Farnsworth St., Boston, MA 02210. If you have any questions about the Scholarship Program or Application please call Michelle Banks at 617-748-2430.

DEPARTMENT OF SOCIAL SERVICES

WILLIAM E. WARREN SCHOLARSHIP

“Walk apart, to hear the music of your heart.”
- William E. Warren

RECOMMENDATION FORM

This recommendation form must be completed by a person who has known the applicant for a period of at least six months and is not a relative or friend of the applicant. ***Return completed form to: The William E. Warren Scholarship Program, Department of Social Services, 24 Farnsworth Street, Boston, MA 02210.***

Applicant's Name: _____

Recommendation by: _____

Address: _____

Telephone #: _____

I. How long and in what capacity have you known the applicant?

II. Please describe the applicant's ability and motivation to follow through with his/her goal of obtaining higher education.

III. Please describe how this applicant has overcome challenges and obstacles in pursuit of his/her goals.

IV. Please explain how the applicant would benefit from this scholarship and why you believe he/she is deserving of the award.

V. What additional information do you wish the committee to be aware of in its consideration of the applicant?

(Signature)

(Date)

DEPARTMENT OF SOCIAL SERVICES

WILLIAM E. WARREN SCHOLARSHIP

“Walk apart, to hear the music of your heart.”

- William E. Warren

RECOMMENDATION FORM

This recommendation form must be completed by a person who has known the applicant for a period of at least six months and is not a relative or friend of the applicant. ***Return completed form to: The William E. Warren Scholarship Program, Department of Social Services, 24 Farnsworth Street, Boston, MA 02210.***

Applicant's Name: _____

Recommendation by: _____

Address: _____

Telephone #: _____

How long and in what capacity have you known the applicant?

Please describe the applicant's ability and motivation to follow through with his/her goal of obtaining higher education.

Please describe how this applicant has overcome challenges and obstacles in pursuit of his/her goals.

IV. Please explain how the applicant would benefit from this scholarship and why you believe he/she is deserving of the award.

V. What additional information do you wish the committee to be aware of in its consideration of the applicant?

(Signature)

(Date)